

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	gpa	10-30	3-8-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Filled  
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 - (Through numeral)... Canceled  
 ÷ ..... Restricted

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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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